

Proceeding

2nd International
Seminar on tropical

Bersama Menata Ruang
Untuk Semua



eco settlements

Green Infrastructure : a Strategy to Sustain Urban Settlements

Bali - Indonesia, November 03 -05, 2010



ISBN 978-602-8330-46-6



9 786028 330466



Research Institute for Human Settlements
Agency for R&D - Ministry of Public Works
Indonesia

EQUAL ACCESS TO SERVICES OF HOUSING FOR WOMEN: INPUTS TO PLANNING HOUSING STRATEGY, CASE STUDY FISHERMAN HOUSING IN BANDENGAN REGION, KENDAL MUNICIPALITY, CENTRAL JAVA

Mila KARMILAH¹ and Hermin POEDJASTOETI²

ABSTRACT: The issue of housing is one of the most fundamental issues in developing countries. Population explosion in the urban areas caused by a large scale of migration leads to the need of affordable housing and other social services. The increasing urbanization has led to many more new slum-dwellers, meaning living in substandard housing (Todaro,2000). World Bank findings from studies indicate that men and women value sanitation very differently. For women, since they are more personally concerned with these issues and more intimately involved in them with respect to their families, sanitation is often the second highest development priority. Settlement of fisherman in Bandengan is constructed in 2002 to relocate some of fisherman from Kendal Riverbank. The strategy to enable slum dwellers to gain access to more than 40 housing units of 35 m square area each was funded by the governance of Kuwait. When the environment of the settlement grew uncontrolled, it was becoming dirty. Even more, there were no latrines or sanitation facilities at the settlement; instead, the villagers would defecate in the nearby river (Kali Kendal). Unavailability of latrine in every house made it more difficult for people especially for women to defecate because women would wait until night falls. Such condition has existed for a long time. NGO has been trying to leverage the access of improved sanitation services especially for women. It has been known that woman will get biggest impact of latrine inexistence within doors. This is one of the many problems in services which have often not received adequate attention in planning housing strategies. Gender equality needs to be promoted through recognizing that women are key providers of health and hygiene services to the family. This household-centered approach rather reverses the way in which planners and engineers view the situation; their starting point tends to be with centralized treatment and primary networks, rather than households.

Keywords: equal, gender, planning strategy

1. INTRODUCTION

Within the next 20 years freshwater will become the most important strategic resource, essential for sustaining life and achieving sustainable development. Its control will be a source of power and the key to economic development, and it will be one of the root causes of socio-political stress. The global commitments made in the areas of water and sanitation do not specifically address the equitable division of power, work, access to and control of resources between women and men. It will be critical to mainstream gender perspectives into the planning process to ensure that the specific needs and concerns of women and men from all social groups are taken into account in development, use and management of water resources and sanitation.

¹ Lecturer of Urban and Regional Planning Department of UNISSULA Semarang. E-mail: alim_kar@yahoo.com

² Lecturer of Civil and Environmental Engineering Departement of UNISSULA Semarang. E-mail: hp_astuti@yahoo.com

In most cultures, women are primarily responsible for the use and management of water resources, sanitation and health at the household level. Over the years, women have accumulated an impressive store of environmental wisdom, being the ones to find water, to educate children in hygiene matters and to understand the impact of poor sanitation on health. At the same time, women and girls are often obliged to walk many hours every day fetching water, while men are rarely expected to perform such tasks.

Indonesia mostly its region that consist of ocean and have big enough oceanic potency, ought to can be secure and prosperous life of fisherman society that draping their life in oceanic potency. The reality life of fisherman is poorness. According to Dahuri [1] prosperity of the fisherman is still under other sectors including agrarian agricultural sector. According to Statistics Indonesia in 2006, the amount of impecunious society in Indonesia are 49 million people and about 60% its represent poor fisherman communities.

The first time that can be seen from condition of poorness of social economic gap in life of fisherman society are the facts of of physical character like the quality of the settlement. Fisherman kampongs will be easy to identify from the condition of their houses. Very simple houses built from bamboo matting (*gedeg*), with floor from board or ground with that roof using palm leaf (*rumbia*) and limitation of ownership of house wares of household residence for all labor fisherman and traditional fisherman. On the other hand, luxury houses with all adequate facility will easy to recognized as residence owner of boat, commission agent (big scale merchant), and tradesman (Kusnadi, 2002; Sitorus, 2002).

The settlement of fisherman in Bandengan residing in Sub-District of Bandengan that has 267 houses with various types that which divided in 6 RT. In this area there are 3 types of ownership of house, the first is them that which only getting land its about 70 m², the second is them that which have land and houses together, the last is fisherman that have houses aid from Kuwait government. According to the condition hence this research will studied about access for women to good sanitation and equitable for water supply.in Bandengan Area.

2. RESEARCH METHOD

This research used qualitative approach. Qualitative approach is used to understand opinion, and view of the society that related to environmental sanitation. The data pick up within indepth interview, focus group discussion (FGD), and also observation for qualitative approach. Fieldwork for this study took place from September to December 2009. Key informant interviews were conducted with a mix of 10 local people (men and women). The interviews included open-ended question which are designed to address the role of local community to improve their sanitation. Besides used key-informant in this research used to focus groups discussion for stakeholder in Bandengan Sub District.

3. FINDING

3.1 LOCATION STUDY

Studied region reside in RW IV Sub-District of Bandengan, in the RW there are 4 of RT with amount of family head equal to 240 soul with biggest jobs (90%) as a fisherman and just a little that have a jobs like industry labour and merchant. Most of the people finished their education in elementary school.

The public facilities like puskesmas (public health) and school only can be accessed in Bandengan Sub-district. In sub-district of Bandengan they have only two kindergarden and

three elementary school and one of puskesmas (public health). For the infrastructure like roads, water supply, sewerage and garbage place are still in bad condition.

3.2 ACCESS FOR WOMEN TO SANITATION AND EQUITABLE ACCESS TO WATER SUPPLY

3.2.1 Access to Sanitation

The definition of access to basic sanitation, the term used in the Johannesburg Plan of Implementation's time-bound goal, is a sanitary means of excreta disposal. This could just mean sanitizing human excreta -through dehydration or composting- to make them safe for recycling in agricultural fields, as is widely practiced in China and elsewhere. Access to a pit latrine would be considered more advanced than basic sanitation -- improved sanitation. Since health and environmental benefits from basic and improved sanitation accrue to the community at large, governments and community institutions have a vested interest in expanding access to sanitation. The social and environmental health costs of ignoring the need to address sanitation are far too great.

Lack of sanitation and poor hygiene are responsible for the transmission of diarrhoea, cholera, typhoid and several parasitic infections. Moreover, the incidence of these diseases and others linked to poor sanitation – e.g., round worm, whip worm, guinea worm, and schistosomiasis –is highest among the poor, especially school-aged children. These diseases have a strong negative impact on the health and nutrition of children and their learning capacities, and contribute to significant absences from school. More than 2.2 million people in developing countries, most of them children, die each year from diseases associated with lack of access to safe drinking water, inadequate sanitation and poor hygiene.

A focus on gender differences is of particular importance with regard to sanitation facilities. Often the availability of latrines in schools can enable girls to get an education, particularly after they reach puberty, by providing privacy and dignity. It is particularly important that the public institutions with the most extensive and sustained public outreach-schools and health centre-should become learning and demonstration centre for good hygiene and its benefits. Moreover, the design and the location of latrines close to the home can reduce violence against women, which may occur when women have to relieve themselves in the open after nightfall. They may also suffer gastric disorders from waiting until dark to defecate in the open. Particular concerns include ensuring privacy and security, notably for girls and women (especially in common facilities), and designs that take account of specific needs, such as of small children or menstruating girls.

Men, women and children who do not have access to basic sanitation put the whole community at risk. The lack of adequate sanitation undermines the relative benefits of having safe water supply in the community. Women play a crucial role in influencing the hygiene behaviours of young children, and men can -and should - also serve as role models in sustaining changes in habits. The success and effective use of water and sanitation facilities will depend on the involvement of both women and men in selecting the location and technology of such facilities, and taking responsibility for operation and maintenance.

The Society of RW IV Sub-District of Bandengan are generally used Kendal river is river, not excepted a women, besides that local people doesn't convenient with latrine. Two years ago in RW IV of Bandengan sub district have a public latrine that located in riverbank of Kendal, but now the public latrine was does not exist anymore because hit by roads development in riverbank side. Some of people (six people) have a latrine in their house but the condition less maintained.

Referring to no latrines most of all houses hence very influence degree of health of society especially for children. Although there are no completed data which show the lowering of degree health of society, but according to in depth interview and focus group discussion informed that many of children was often infected disease of diarrhea.

While the impact that felt on woman of effect of no latrines is, they don't have privacy because of time which was often used by woman to conduct is only starting from dusk until dawn, while at the (time) of their daytime feel not be free to do that activity, (lack of privacy for woman), because at noon many activities related to activity of fisherman. Besides of lacking of privacy felt by woman, the design of latrine that built in Kendal River not considered women's body, the latrine is only made from matting of bamboo (*gedheg*), and the impact is women feel not balmy prolonging in it.

3.2.2 Equitable Access to water supply

According to especial agenda of MDG's, signing of Declaration of Millenium is coherent form and comitment leaders of world to poverty alleviation. From eight declaration target of Millenium, that related with theme of Water Day this year is seventh target, that is assurance the existence of energy support environment.

There are three main goals of seventh target. First, integrating sustainable development principles and lessen the loss of environmental resources. The second goal is, lessening semi from people amount which do not have to equitable access to water supply and healthy drinking water at 2015. The third, goal is reaching development which isn't it in life to at least 100 million people who live in slum area at 2020. So that existence of healthy water for woman is an compulsion.

3.2.3 Woman access to Water Supply

Water supply represent requirement of human being base to be can pass off its life. So water supply that has a minimum requirement standard should have full filled. The water supply services in RW IV Sub-District of Bandengan, can be note that have a good services especially their services area. It's about 92 % local community get water supply from PDAM, and some of people used well to enough their needed of water supply. The quality of water that used by society of RW IV, visually it's colorless, odorless but not always fluently.

In region of RW 4 which consist of 6 RT and 267 KK, according to observation and in depth interview to woman that mostly are housewives, we know that most of then have earned to obtain good water which provided by Local Water Company (Perusahaan Daerah Air Minum /PDAM). But unhappily that availability of healthy water sometimes cannot be drink because the colour and the taste is not good enough to drinking it. Sometimes women must have to wait until midnight because the water only emit a stream at that time. The time is about 10.00 PM until 12.00 PM. Because of water are important things requirement for woman hence most thingses which related to ready irrigate in household become responsibility woman. Besides using PDAM that a facility for women to access a good and healthy water and drinking water but there are also some families which still use well of artetis to get clean water although only about 8% from entirety of citizens amount in RW IV.

Seen that woman responsibility on water supply is very importance. But at the same time even we know that the took a main role of water supply they don't have a controlled to household. While pursuant to time poured to get clean water isn't it become constraint at the (time) of dry season of and when they meet of *rob*, because at that moment happened sea-water intrusi resulting water of feel briny. This matter it is of course will have an effect on to citizen

freshment in getting clean water. While related to woman control, hence most women express that them only following willingness and ability of husband (are men) in allocation of amount of water to use is such as submitted by some mothers at the (time) of directional group discussion.

4. CONCLUSION AND RECOMENDATION

4.1 CONCLUSION

According to the study that, a few results that find on the reasearch are:

- a. In Bandengan region, good sanitation for women till now not beingbuilt because of not only that they dont have a representavie latrine but also many taboo view in that communitioes. And the taboo is they dont want to bulid a latrine in their house.
- b. There is no assurance for women that they can do activity in River Kendal with in convienience.
- c. About access for women to equitable water not a problem, but only when the dryni season and when “rob” phenomenon come to their region. Many women forced to look more good water that use to

4.2 RECOMMENDATION

When looking closely at capacity building in water supply and sanitation, it becomes clear that most of the training is aimed at water resources and water supply specialists, with very few programmes in developing countries aimed at expertise in social development, sanitation or hygiene education. Building capacity means bringing together more resources, more people (both women and men) and more skills. Water and sanitation policies and programmes must be linked to different demands and needs of women and men, and to the broader goals of poverty alleviation and sustainable development. Targeting women for training as the main role models and ‘teachers’ within the household is a cost-effective way of raising awareness and skills.

5. REFERENCES

1. Dahuri, R., Jacob R., Ginting, S.P., Sitepu, M.J., *Pengelolaan Sumberdaya Wilayah Pesisir dan Lautan secara Terpadu*, Gramedia, Jakarta, 1996.
2. Diana, N. *Menuju Pemberdayaan*, 2007.
3. [http://nsudiana.wordpress.com/2007/12/22/menuju-pemberdayaan-masyarakat/diakses tgl 5 Sept 2008](http://nsudiana.wordpress.com/2007/12/22/menuju-pemberdayaan-masyarakat/diakses%20tgl%205%20Sept%202008).
4. Djiwowijoto, R.N., *Pembangunan dan Pemberdayaan*, Majalah Percik Media.
5. Informasi Air Minum dan Kesehatan Lingkungan. Agustus 2006.
6. Iksan, Modal Sosial. <http://www.yahooanswer.com>, diakses tgl 28 Des 2007, 2007.
7. Kusnosaputro, H., *Kesehatan Lingkungan*, FKM – Universitas Indonesia, Jakarta, 1983.
8. Mikkelsen, B., *Metode Penelitian Partisipatoris dan Upaya-Upaya Pemberdayaan*, Yayasan Obor Indonesia, Jakarta, 2001.
9. Mubyarto, *Membahas Pembangunan Desa*, Aditya Media, Yogyakarta, 1996.
10. Notoatmodjo, S., *Ilmu Kesehatan Masyarakat Prinsip-Prinsip Dasar*, PT. Rineka Cipta. Jakarta, 2003.
11. Pangemanan, A.C., Soelistiyani, N., Syisferi. *Sumber Daya Manusia (SDM)*, 2003.,
12. *Masyarakat Nelayan*, http://tumoutou.net/702_05123/group_a_123.htm. diakses tgl 7-2-2008.
13. Prijono,O.S., Pranarka,A.M.W. 1996. *Pemberdayaan: Konsep, Kebijakan dan Implementasi*. CSIS. Jakarta.
14. Satria, Arif. 2002. *Pengantar Sosiologi Masyarakat Pesisir*. PT. Pustaka Cidesindo, Jakarta Selatan.

15. Setiana, L. 2005. *Teknik Penyuluhan dan Pemberdayaan Masyarakat*. Ghalia Indonesia. Jakarta.
16. Suharto, Edi. 2005. *Membangun Masyarakat Memberdayakan Rakyat*. Aditama, Bandung.